

Enclosure 3B  
**INSTRUCTOR RE-AUTHORIZATION APPLICATION**  
**EMT / Advanced EMT / Paramedic**

\_\_\_\_\_  
INSTRUCTOR NAME (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Pager

[    ] **EMT**                      INSTRUCTOR RE-AUTHORIZATION  
[    ] **ADVANCED EMT**       INSTRUCTOR RE-AUTHORIZATION  
[    ] **PARAMEDIC**           INSTRUCTOR RE-AUTHORIZATION

*NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION:*

- [    ] Copy of current SC & NR EMT-Paramedic cards (*All Instructors - Must have both!*)
- [    ] Copy of current approved CPR (BLS) Instructor Card (*All Instructors*)
- [    ] Copy of current approved Trauma Instructor Card (*AEMT & Lead Paramedic Only*)
- [    ] Copy of current ACLS Instructor Card (*Lead Paramedic Instructor Only*)
- [    ] Copy of current approved Pediatric Instructor Card (*Lead Paramedic Instructor Only*)
- [    ] Documentation of 12 hours of approved educational CEUs (*All Instructors*)

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

*I understand that my instructor authorization(s) will not be considered without submission of the above credentials. I also understand that I will not be re-authorized unless I gain the required endorsements listed on the reverse side of this form.*

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

**Attach all documentation to this form and complete all information and obtain all required endorsements on the reverse side.** Mail completed packet to: **SC DHEC EMS Division, 2600 Bull Street, Columbia, SC 29201.**

\*\*\*\*\**DHEC Use Only*\*\*\*\*\*

[    ] Does not qualify for re-authorization because: \_\_\_\_\_

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INSTRUCTOR NAME (Print)

List below any EMT courses (EMT/Advanced EMT/Paramedic) you have taught during the last certification period. (*Requirement is one hundred hours of EMT courses every four years*)

\_\_\_\_\_ [ ] Initial [ ] Refresher  
 Course # Course Sponsor

\_\_\_\_\_ [ ] Initial [ ] Refresher  
 Course # Course Sponsor

\_\_\_\_\_ [ ☐ ] Initial [ ☐ ] Refresher  
 Course # Course Sponsor

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## TRAINING CENTER ENDORSEMENT

I agree endorse this person for:

[     ] **EMT** Instructor Re-authorization

[     ] **Advanced EMT** Instructor Re-authorization

[     ] **Paramedic** Instructor Re-authorization

**1):** *I will continue to use this instructor in my EMT training program(s).*

Name (**Print**): EMT Program Director

Signature: \_\_\_\_\_ EMT Program Director \_\_\_\_\_ Date \_\_\_\_\_

2): *I endorse this candidate for re-authorization as an Instructor.*

**Name (Print): Medical Control Physician**

**Signature: Medical Control Physician** **Date**